

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046965  
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 203

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Butler</b>		c. CITY OR TOWN <b>Passiac</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Bates Co. Memorial Hosp.</b>		d. STREET ADDRESS <b>Passiac</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Louise -- Chamberlain</b>		4. DATE OF DEATH Month <b>December</b> Day <b>14</b> , Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-4-1936</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cafe</b>	9. AGE (last birthday) <b>27</b>
11a. FATHER'S NAME <b>Aaron E. Chamberlain</b>		11b. MOTHER'S MAIDEN NAME <b>Eva Baker</b>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		13. SOCIAL SECURITY NO. <b>Eva Chamberlain Passiac, Mo.</b>	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Hemorrhage</b> DUE TO (b) <b>Spontaneous Abortion</b> DUE TO (c) <b>Acute Glomerulo Nephritis</b>		15. INTERVAL BETWEEN ONSET AND DEATH <b>Two Weeks</b> <b>Three Days</b>	
16. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute Glomerulo Nephritis</b>		17. PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Spontaneous</b>	
20c. TIME OF INJURY Hour <b>6:55 a.m.</b> Month, Day, Year <b>December 11, 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Passiac, Mo.</b>	
21. I attended the deceased from <b>December 11, 1963</b> to <b>December 14, 1963</b> and last saw her alive on <b>12-13-63</b> . Death occurred at <b>6:55 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. H. Schuker, D.O.</b>		22b. ADDRESS <b>Amoret, Missouri</b>	
22c. DATE SIGNED <b>12-14-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>12-16-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Green Valley Cem.</b>	
23d. LOCATION (City, town, or county) <b>near Pleasanton, Kansas</b>		24. FUNERAL DIRECTOR <b>Culver-Underwood</b>	
25. DATE RECD. BY LOCAL REG. <b>12-16-1963</b>		26. REGISTRAR'S SIGNATURE <b>Norman Wilson</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert G. Steinhilber*

Licensed Embalmer No. 4657

P. O. Address Butler, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 12-16-63 NAC